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**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

**PERINATAL HEALTH SYSTEM OF ILLINOIS**

**STATEWIDE QUALITY COUNCIL**

**December 8, 2010**

**2:00 P.M.**

**James R. Thomson Center  
Randolph and North LaSalle Street  
Room 934 9<sup>th</sup> Floor  
Chicago, Illinois**

**Chaired: Harold Bigger**

Attendees: Lenny Gibeault, Patricia Prentice, Cindy McDermith, Angela Rodriguez, Cathy Gray, Deborah Rosenberg, Robin L. Jones, Robyn Gude, Cora Reidl, Pamela Wolfe, Patricia Bovis, Steven Locher, Robin Jones, Richard Besinger, Barb Prochnicki, Shirley Scott, Angela Rodriguez

**Absent:** Kevin Madsen, Stacie Geller, Karen Callahan, Elaine Shafer, Ann Borders, MD, Trish O'Malley, Robyn Gude –all excused

**IDPH STAFF:** Charlene Wells,

**MINUTES**

**I. Review and Approval of Minutes – October 7, 2010**

The minutes were presented. Changes need to be made to the Palos presentation section. Cathy Gray motioned approval and Lenny Gibeault seconded the motion. The minutes were approved with changes to Palos presentation as presented.

**II. Quality Indicator Definitions and Precision of Diagnosis...Harold Bigger**

- **Decision to Incision:** Discussion was held regarding definition based on chart audits at Site Visit. Hospitals have different criteria for who calls the times and how time is monitored
  - Rockford has decision time listed on the OR sheets (15 minute standard).
  - Variety of definitions should stratify and make it simpler. Anesthesia team needs to be involved. RN 's are often listed as the initiators but time lines indicates other professionals still needs to be called.
  - Dr. Besinger stated that categories need to be propagated – Recommendations with definitions need to be clear.
  - We will check the OB Literature for best practices.
- **Retinopathy of Prematurity:** It is necessary to code for Stage Zero in order to bill for the exam. Some hospitals are not screening for this before they fill out Appendix “A”
- **RDS :** Definition needs to be standardized for Site Visit purposes
- **Meconium aspiration:** Hospitals need to check coding to be sure the disease entity is confirmed
- **Rare Events**
  - Death – mortality rates for all Level III's 8% - 28% p value > 0.5 comparing with all values – one with 28% had very few patients and not enough data
  - Type II error almost all the numbers we look at Appendix “A” we have to be careful in indicating that there is a trend.
  - Dr. Jones outcomes – such a small “N” must ask what can this institution provide.

### III. Illinois Blueprint for Breastfeeding.....Rachel Abramson

Data is being prepared in accordance with a national context  
 Data and Analysis will be available on the IDPH Hospital Report Card

#### Overview of Blueprint:

Efforts underway include:

- Analysis of statewide data
- Outreach to diverse stakeholders
- 3 Community forums for mixed groups of providers
- WIC IDHS survey at Springfield Breastfeeding Conference
- Medical Forum for MD's in Chicago
- Mother's Forums in Chicago
- State Blueprint Committee deliberations

Once these items are completed a strategy with recommendations will be developed to be published in Spring 2011.

## **NATIONAL CONTEXT: New Healthy People 2020 Objectives**

### **Baseline/ Objective**

- 73.9%/81.9% of mothers breastfeed in the early postpartum period
- 43.4%/60.5 % of mothers breastfeed at 6 months of age
- 22.7%/34.1% of mothers breastfeed at 1 year
- 33.1%/44.3 of mothers exclusively breastfeed through 3 months of age
- 13.6%/23.7% of mothers exclusively breastfeed through 6 months of age
- 25%/38 % of employers provide onsite lactation/ mothers room
- 2.9%/8.1% of live births occur in facilities that provide the recommended care for lactating mothers and their babies and employ the ten steps toward baby friendly hospitals
- 15.6%/10% of breastfed newborns receive formula supplementation within the first 2 days of life

## **A CALL TO ACTION**

To be released by the Surgeon General

Focused on supporting the ability of women to chose breastfeeding and breastfeed successfully

## **COMMUNITIES PUTTING PREVENTION TO WORK IN ILLINOIS**

Obesity prevention policy systems and environmental change in suburban Cook County and the City of Chicago

### **Objectives for action:**

- 10 steps – No free formula and no formula marketing – certain are associated with big changes in breastfeeding rates
- Recommendation for breastfeeding promotion through healthcare provider associations
- Exclusive breastfeeding rates added to the Hospital Report Card
- Insurance Reimbursement for breastfeeding support and services

AAP/MCHC/IMCHC are involved

## **DATA DRIVES POLICIES**

Data assembled on the following factors

- Initiation
- Duration
- Exclusivity
- Disparities

Amanda Bennett – IDHS – given access data from IDPH – PRAMS WIC IDHS

Disparities in racial and social areas are obvious and large as you may expect

Many women have not breastfeeding at all.

The goal for 2010 in to have 75% of women in Illinois initiate breastfeeding

Breastfeeding Duration: three months of data – 60% of the women who started breastfeeding stop before six months- more low income women stop earlier. WIC no disparity between black and white race. 49% of black women stop before six months

**FOCUS ON MATERNITY CARE PRACTICES**

PRAMS Data is being used for analysis

Questions to ask include who does the hospital focus on to give information, how is it focused, how does “on demand “ work.

Detrimental practices include formula gift packs and pacifiers

**HOW ARE WE DOING??**

- Rooming in most effective followed by support phone numbers given by hospitals
- Negative practices stand out more than positive practices.
- Disparities – MPINK maternity practices for infant nutrition care

A survey sent to all birthing hospitals in the US. Nationwide 80% hospitals responded only 59% responded in Illinois .

Discussion was held with the members regarding practices in Illinois hospitals. It has been found that hospitals providing information or helping the mother learn to breastfeed were not associated with breastfeeding continuation unless provided by lactation specialists. Some hospitals do minimum teaching and there is a big differential in styles.

Illinois Hospital Association is being asked for their help.

To identify chain of communication the committee suggested sending information to the Perinatal Administrators to assure compliance with Network Hospitals

Feedback on recommendations and what can the SQC and Perinatal Centers can play in the next 5-10 years will be provided.

Illinois will begin measuring breastfeeding on birth certificates.

**IV. IDPH UPDATE..... Charlene Wells**

**Proposed Perinatal Rule**

JCAR will meet on December 14, 2010. There is still much discussion regarding the definition of assisted ventilation and 24 hour in house neonatology.

**Grant Applications for Perinatal Centers**

The process will be completed by a review board and all grants will be reviewed at the same time.

- V. Adjournment:** Barb Prochnicki moved to adjourn, Cindy McDermith seconded and the meeting was adjourned at 3:52 pm.